





CITY OF



CARLISLE

EDUCATION COMMITTEE

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# **ANNUAL REPORT**

UPON THE

## **School Health Service**

FOR THE YEAR 1958

BY

**JAMES L. RENNIE**

M.D., F.R.F.P.S. (Glas.), D.P.H.

PRINCIPAL SCHOOL MEDICAL OFFICER



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### STAFF

Principal School Medical Officer.	}	James L. Rennie,
Medical Officer of Health		M.D., Ch.B., F.R.F.P.&S. (G.) D.P.H.
School Medical Officers and	}	J. C. B. Craig, M.D., Ch.B.,
Assistant Medical Officers of		D.P.H.
Health		C. M. Anderson, M.B., Ch.B., D.P.H.
Principal School Dental Officer		T. W. Gregory,
		L.R.C.P. & S.E., L.D.S.(Ed.)
School Dental Officer		M. L. Patterson, L.D.S.(Glasg.)
Anaesthetist (Part-time)		R. L. McMillan, M.B., Ch.B., D.A.
Consultant Paediatrician		E. Ellis, M.A., M.B., B.Chir.,
(Cerebral Palsy) Part-time		D.C.H., etc.

### *Consultants:*

*(By arrangement with Newcastle Regional Hospital Board)*

Ear, Nose and Throat Surgeon (Part-time)

R. S. Venters, M.B., Ch.B., F.R.C.S.

Ophthalmologist (Part-time)

A. T. G. Evans, M.R.C.S., D.O.M.S.

Orthopaedic Surgeon (Part-time)

W. McKechnie, M.B., Ch.B., F.R.C.S.

Psychiatrist (Part-time)

J. Braithwaite, M.B., Ch.B., D.P.M.

Educational Psychologist

Miss M. Y. Cameron, M.A.Ed.B.

Teacher of Deaf Miss L. Parr

§Mental Health Worker

Miss E. Barnett, M.A., Dip. Soc. Sc.

Speech Therapist Miss M. V. Biggam, L.C.S.T.

Physiotherapist J. M. Smith, M.C.S.P.

\*Orthoptist (Part-time)

Mrs. J. Scott, D.B.O.

†Superintendent Health Visitor

Miss M. E. Smith, S.R.N., S.C.M., H.V. Cert.

School Nurse and Tuberculosis Visitor

Miss E. R. Ferguson, S.R.N., S.R.F.N., T.A. Cert.

*Health Visitors:*

†Miss R. Atkinson, S.R.N., S.C.M., H.V. Cert.

†Miss E. M. Armit, S.R.N., S.C.M., H.V. Cert.

†Miss M. K. S. W. Carey, S.R.N., S.C.M., H.V. Cert.

†Miss A. P. Cloudsley, S.R.N., H.V. Cert.

†Miss I. Forsyth, R.G.N., S.C.M., H.V. Cert.

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†Miss W. G. Porthouse, S.R.N., S.C.M., H.V. Cert.

†Student Health Visitor Miss A. Little, S.R.N.

†Student Health Visitor Miss J. Douglas, R.G.N., S.C.M., R.F.N.

Temporary School Nurse and Tuberculosis Visitor

Miss M. Yarker, S.R.N., S.C.M.

Temporary School Nurse Miss M. B. Halbert, S.E.A.N.

Dental Attendants

Mrs. J. Thomlinson.

Miss M. Stobbs.

CLERICAL STAFF

Chief Clerk, Health and Welfare Department — Mr. L. Oates.

Senior Clerk — Miss M. H. Bowman.

Clerks — Mrs. M. J. Patrick. Miss M. M. Shovlin.

Mrs. J. H. Simpson. Miss J. Moon.

† Combined duties as Health Visitor and School Nurse.

§ Primarily a Health Officer but undertakes follow-up social work for Child Guidance Clinic.

\* Engaged by Cumberland County Council and in the combined orthoptic scheme of Cumberland County Council, Carlisle County Borough and East and West Cumberland Hospital Management Committees.



*To the Chairman and Members  
of the Education Committee.*

*Mr. Chairman, Ladies and Gentlemen,*

I have pleasure in submitting herewith my twelfth Annual Report on the School Health Service of the City for the year 1958. This is the fifty-first Report which has been submitted on the Service. It is perhaps fitting that in the Report for 1958, which is the Jubilee Year of the School Health Service and the Octo-Centenary Year of this City, some thought should be given to historical considerations.

At the beginning of the present century anxiety was aroused by the number of recruits rejected for military service. As a result an Inter-departmental Committee on Physical Deterioration was set up and this body reported in 1904. The outcome of that Committee's report was the passing of the Education (Administrative Provisions) Act of 1907, which provided for the establishment of a School Medical Service throughout England and Wales. The Service came into being in 1908. In that year the City Council appointed Dr. Joseph Beard, F.R.S. (Edin.), F.R.C.S. (Edin.), L.R.C.P. (London), D.P.H. (Cantab.), etc., Barrister-at-Law, as full-time Medical Officer of Health and School Medical Officer. He was the first full-time Medical Officer. Dr. Beard could cope with a limited amount of the work only as he had no professional assistance. The worst cases were dealt with, and, as will be seen from looking over subsequent sections of this Report, much of his time and that of the Assistants who were subsequently appointed was utilised in attending to cases of gross neglect and uncleanness. In these early days parents did not appreciate the benefits of the School Medical Service and much of the work had to be carried out in opposition to their wishes and was subject to their ridicule. The improved state of hygiene among our school children is not due alone to better living conditions and education generally, but much of the credit must go to those early workers in the Service who persevered with high ideals in spite of the opposition which was frequently put in their way. Dr. Beard retired in 1930 and is now living in Harrogate. He was succeeded by Dr. Allan Semple, who died in post in 1944. No permanent appointment was made until I was appointed in 1947. Dr. J. C. B. Craig and Dr. James Lamberton were in charge of the Service in the intervening years.

The 1914-18 War, by reducing the man-power available, curtailed the expansion of the Service, but in the inter-war years considerable progress was made. A full-time Dental Service was established and Specialist Clinics were developed. The Second World War once again produced great difficulty for the Service but it did bring to people in this country a realisation of the value of good hygienic living. The incidence of verminous conditions among children who were evacuated was highlighted. The lessons taught at that time have enabled us to proceed to the high standard of cleanliness which is now obvious in our Council schools. Before 1939 free meals and clothing were available in necessitous cases, but the Medical Officer had to certify that the child was failing to profit from his education because of lack of food or clothing before the child could benefit from the scheme. Fortunately, most Medical Officers and Authorities interpreted this in a very wide sense. Now, however, since the Education Act of 1944, all children are entitled to get milk and meals in school, and the only question which arises in regard to free meals or clothing is the financial ability of the parent.

Since the recent war much progress has taken place in the School Health Service within the City. Regular routine and special inspections are carried out by your two School Medical Officers in all maintained schools. Minor Ailment Clinics are conducted daily at George Street School Clinic and at the Clinic in Inglewood Infants' School which serves the Harraby area. Ascertainment of physically handicapped, educationally sub-normal and maladjusted children has been pressed forward. In 1948 an Educational Psychologist was appointed and shortly thereafter a Child Guidance Clinic was established. Speech Therapy was introduced in the same year and met a much-felt want in the City, while in 1954 an Orthoptic Service was inaugurated. Since 1947 there has been an establishment for two Dental Officers, though it has not always been possible to fill the second post. The latest development is the Hearing Guidance Clinic. All your Health Visitors have been trained in the ascertainment of deafness in very young children by Professor Sir Alexander Ewing and Lady Ewing, of Manchester, and a Teacher of the Deaf was appointed in 1957. This Officer, together with the Consulting Ear, Nose and Throat Surgeon, the School Medical Officers, Health Visitors and School Nurses form a team which can ascertain deafness, help and guide the parents, and give speech training to severely deafened young children. This service came into being in 1958 and it is very appropriate that we should have made this notable advance in the Octo-Centenary and Jubilee Year.

The work in all branches of the Service has been pressed forward in 1958, but there have been many additional demands on the staff in connection with the Octo-Centenary Celebration, with the impending opening of the York School, and the extensive poliomyelitis vaccination programme. The calls on their time have been such that at one stage we had to dispense with certain re-examinations in order that work of greater priority could be given precedence.

I should like to pay special tribute to the help I have received from Head Teachers and their staffs throughout the City in regard to the poliomyelitis vaccination programme. At the time of writing this Report it is known that 80 per cent. of the children aged 15 and under have been or are being vaccinated against poliomyelitis. Much of the credit for this satisfactory situation goes to the teaching profession, who have circulated documents to parents and received consent forms very often at short notice and under difficult circumstances. I have to thank especially the staff at the Inglewood Infants' School, in which we held some of our clinic sessions.

Diphtheria immunisation continued as in previous years and I am glad to be able to report that for the ninth year in succession there has not been a single case in Carlisle. In view of the occurrence of outbreaks of diphtheria in other places, it is essential that parents still continue to have their children immunised against this disease.

The scope and type of work which the School Health Service will undertake in the future will undoubtedly change with changing circumstances. More emphasis may be laid on the psychological and purely preventive aspects of our work and less on the treatment of physical disease. I am confident that, though in slightly different fields, the next fifty years will hold out as great prospects to the School Health Service as did the first fifty.

In conclusion, I should like to thank you for your support throughout the year; the Director of Education and his staff and all other officers of the Corporation for their co-operation; and lastly, but by no means least, the staff of the Health and Welfare Department, without whose loyalty and industry the Service could not have been maintained.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

JAMES L. RENNIE,

*Principal School Medical Officer.*

## STATISTICAL SUMMARY

The following is a summary of the work undertaken by the School Health Service of the City of Carlisle during the year. It does not include that undertaken by the Regional Hospital Board Consultants who held clinics at Local Authority centres.

Average No. on Rolls ...	...	...	...	...	11282
No. of Routine Medical Inspections .	...	...	...	...	4565
No. of above children referred for treatment	...	...	...	...	700
No. of above children referred for observation	...	...	...	...	1082
No. of Special Inspections	...	...	...	...	2527
No. of re-inspections	...	...	...	...	3116
Total No. of Inspections	...	...	...	...	10208
No. of parents present at routine Medical Inspections	...	...	...	...	3340
No. of visits to Schools by School Medical Officers	...	...	...	...	206
No. of visits to Schools by Health Visitors .	...	...	...	...	622
No. of home visits by Health Visitors	...	...	...	...	361
No. of cases treated at the Minor Ailment Clinics	...	...	...	...	1143
No. of attendances at Minor Ailment Clinics	...	...	...	...	5497
No. of School visits paid by Dental Officers	...	...	...	...	38
No. of children examined by Dental Officers	...	...	...	...	6162
No. of children found to require dental treatment	...	...	...	...	4536
No. of children treated by Dental Officers .	...	...	...	...	2139
No. of visits to Schools paid by Educational Psychologist	...	...	...	...	264
No. of children examined by Educational Psychologist in School, at Clinic, or in own homes	...	...	...	...	303
No. of visits to Schools paid by Speech Therapist .	...	...	...	...	48
No. of children who received Speech Therapy at Clinic	...	...	...	...	118
No. of visits to H. K. Campbell Special School paid by Physiotherapist	...	...	...	...	71
No. of children treated by Physiotherapist in Special School for Physically Handicapped Children and at Orthopaedic Clinic .	...	...	...	...	83
No. of Sessions held by Orthoptist	...	...	...	...	86
No. of new cases examined	...	...	...	...	90
No. of children treated .	...	...	...	...	87



## MEDICAL INSPECTION†

Routine school medical inspection first took place in Carlisle in 1908 and was instituted in accordance with the Education (Administrative Provisions) Act of 1907. From the records given in the first Annual Report (for 1908) of the School Medical Officer it is evident that he had insufficient assistance for the work, and was able to examine only 565 of the children who had entered school that year. There were no facilities for treatment and children with defects had to be referred to voluntary organisations if the parent was not able to pay for the treatment. Of the 565 children inspected 108 had lice in the head and 36 had them on the body and clothing. In the Report of 1909 it is recorded that 3 specimens of sputum from school children contained tubercle bacilli. Parents in those days were not very co-operative, as the following extract from Dr. Beard's Report for 1909 shows:—

“ Unfortunately there are still a great number of parents who doubt that such defective conditions exist, and who turn a deaf ear to, and are inclined to hold up to ridicule, any advice or suggestion given for the remedying of defects, even amongst those in whom at first sight it would appear that nature had implanted a little common sense. There is also a lot of suffering and neglect amongst the children of the poverty stricken and indolent, and although facilities exist for the gratuitous advice and treatment, this class of parent is almost invariably too lazy to take the defective child to a charitable institution, or having taken it under a sort of protest is too lazy to carry out the treatment prescribed.”

The number of parents present at routine medical inspections is not given in the earlier Reports, but in 1913 out of a total of 2622 children, including 753 re-examinations and special examinations, 769 parents attended. By this time parents were beginning to take more interest in the School Medical Service and there was evidence that more were complying with requests to have their children treated. It is interesting to note that at this time spectacles were provided in necessitous cases by the Education Committee, and 18 children were so supplied during 1913 at a cost of £2 4s. to the Local Authority.

As the years have passed an increasing percentage of children are accompanied by their parents or other responsible

adults at the routine medical inspection. This is particularly the case with the infants' group, though the leaver group often resent the presence of a parent. During 1958, 4565 children were presented for periodic examination, 73 per cent. of them being accompanied by their parents. No defect was observed in 2783 of these children, but in the remaining 1782 scholars 2494 abnormalities were noted. In addition, 2527 children were submitted to special examinations at the request of teachers, school nurses, etc. The defects found at these periodic and special examinations are set forth in Table 1

It has for many years been customary to examine 7-year-old children for visual defects and 932 scholars were so tested. As a result 23 were referred for treatment and 130 were noted for observation at subsequent visits.

During the latter part of 1958 examination for colour blindness was instituted.

TABLE 1  
FINDINGS OF MEDICAL INSPECTION

Defect or Disease	Periodic Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
Skin	67	60	410	1
Eye	163	636	177	148
Ear	234	117	170	26
Nose and Throat	110	272	140	16
Lymphatic Glands	8	112	3	13
Speech	26	28	35	—
Heart and Circulation	2	37	2	—
Lungs	50	65	9	—
Nervous System	9	13	5	1
Orthopaedic Defects	129	142	113	12
Other Defects and Diseases (excluding Dental Diseases, and Uncleanliness)	39	175	475	4
Total	837	1657	1539	221

## COMMUNICABLE DISEASE

### Infectious Diseases

A full report on these will appear in my report to the Health Committee. I am, however, glad to be able to state that for the ninth year in succession there was a complete absence of diphtheria from the City. The total number of infectious diseases was greatly reduced compared with 1957, but in that year we had an outbreak of measles with over 1100 cases. As will be seen from Table 2, we had only 7 cases of measles during 1958. Towards the end of the year an outbreak of sonne dysentery took place. The Harraby and Peteril Bank district was that mainly affected, but it was by no means confined to that area. Instructions were issued to the Head Teachers of all schools regarding hygienic measures to be adopted to curb the spread of dysentery, and it was later decided expedient to issue literature to the parents of all children in attendance at the schools principally affected. There were 4 cases of food poisoning in school children; neither these nor any of the cases of dysentery were traced to spread of infection through the School Meals Service.

TABLE 2

Scarlet Fever ...	...	...	...	...	...	21
Measles ...	...	...	...	...	...	7
Whooping Cough ...	...	...	...	...	...	2
Pulmonary Tuberculosis ...	...	...	...	...	...	3
Non-Pulmonary Tuberculosis ...	...	...	...	...	...	2
Food Poisoning ...	...	...	...	...	...	4
Dysentery ...	...	...	...	...	...	99
Pneumonia ...	...	...	...	...	...	2
Acute Poliomyelitis ...	...	...	...	...	...	1
Mumps ...	...	...	...	...	...	116
Chickenpox ...	...	...	...	...	...	165

### Cleanliness

The state of cleanliness of school children is a reflection of the attitude and ability of parents and the long term effect of the Health Education programme.

In the early years of the present century verminous conditions of the head and body were frequently encountered among the local school population, and similar conditions existed throughout the country. Statistics of these days are not comparable with those of today, as frequent surprise



inspections of school children were not then undertaken.

In 1909, although only a small proportion of children were examined, 239 were found to be verminous and 578 to have nits in the hair. By 1914 nurses were regularly paying surprise visits, but not as frequently as today. In that year 4,219 school children were examined; of these 426 were found to have nits in the hair, 191 to have head lice, and 121 to have body lice. In 1918 386 children were excluded on one occasion, 116 on two occasions, 20 on three occasions, and 15 on four or more occasions on account of their verminous condition. The School Medical Service was now having a considerable impact on the situation, but although there was improvement in the state of the children, better ascertainment of defects kept the statistics high. In spite of difficulties the staff of the School Medical Department pressed on with the work of getting the children cleaned up, but by 1928, although much progress had been made, it was still found that 2.5 per cent. of boys and 12.6 per cent. of girls had nits in the hair, while 378 children had to be excluded from school. In the late 1920's and early 30's strenuous efforts were made by the School Nursing Staff to eradicate such conditions,, and some of the senior members of your staff can well remember the groups of angry parents who stormed into the clinics or called after them in the streets when notices were sent regarding the verminous state of their children. In spite of such hostility these ladies carried on with this not very pleasant but necessary work, and by 1938 the percentages of children with nits in their hair were reduced to 1.4 per cent. for boys and 5.6 per cent. for girls.

In 1948 the School Nurses examined 22,621 children, out of whom 176 individual children were found to be verminous, but only 64 were of such a degree as to necessitate exclusion from school. The position regarding the present year is shown in Table 3, from which it will be seen that even a larger number of inspections were made and that a smaller number of children were found to be verminous; only 54 were excluded from school. The great improvement in the cleanliness of school children during the past 50 years is in part attributable to the fact that a new generation of mothers is growing up who appreciate the value of hygienic methods, and a greater number of children are living in good type houses. It must not be thought that good housing conditions will automatically result in clean children, because many of those who are excluded today come from modern Council

houses, whereas some of the children who live in houses with very inadequate sanitary facilities, and some whose mothers are blind, have never to be dealt with under our cleanliness procedures. Those who now give trouble are a small hard-core of families, and it is debatable whether one should proceed by methods of compulsion or continue to rely on an educational programme. In present times, with the facilities available, there is no reason why any child should be repeatedly verminous whose mother is neither physically handicapped nor a mental defective. Most children who suffer from recurrent infestations are re-infested in the home from mothers or elder sisters who harbour the lice. Legal powers to compel such women to submit to examination and treatment would be the quickest, surest and easiest way to complete the eradication of vermin from our schools and protect clean children, to whom, after all, we have a duty, from the risk of infestation.

TABLE 3

Total number of examinations	...	...	...	24759
Number of children found verminous	...	...	...	124
Number of children found with nits	...	...	...	215
Number of children found with other conditions	...	...	...	15
Number of these allowed to continue at school under supervision	...	...	...	285
Number of children excluded from school	...	...	...	54
Number of parents requested to clean dirty or flea-bitten body and/or clothing of children	...	...	...	15
Number of children excluded on—				
One occasion	...	...	...	34
Two occasions	...	...	...	10
Three or more occasions	...	...	...	10

## SPECIAL PREVENTIVE MEASURES

### **Diphtheria Immunisation**

The diphtheria immunisation programme started in 1934. It was during the war years, however, that it received a great impetus by national and local propaganda, and a sufficiently large proportion of the child population was immunised to bring this dreadful disease under control. It is known that at least 9647 children of school age, i.e., approximately 93 per cent. of all children in the age group 5-15 years, have received one complete course of prophylactic treatment at some time during their lives. It is our practice to offer reinforcing doses of prophylactic at school entry and before leaving the primary school and the response to this treatment is very gratifying. The co-operation of parents and school staffs has contributed greatly to the success of the scheme.

### **Poliomyelitis Vaccination**

Poliomyelitis vaccination first became available to a limited number of children in 1956. Since then the age groups eligible have extended and with the importation of Salk vaccine from the United States and Canada we have been able to offer this treatment to all children under 15 years of age. At the time of writing, 80 per cent. of these children have either been vaccinated or are having a course of treatment with this vaccine. This is a highly gratifying result, and, as I have already intimated, is due in great part to the excellent co-operation and assistance which I have received from Head Teachers and their staffs as well as from General Practitioners and Health Visitors. I only wish that the parents of the other 20 per cent. of children would avail themselves of this treatment, which has proved to be both simple and practically painless. Children can be vaccinated either by their General Practitioners or at the Council Clinics. For the prevention of a disease such as paralytic poliomyelitis the small effort necessary in vaccination is very much worth while.

### **Prevention of Tuberculosis**

From an examination of previous reports of the School Medical Service dating back to the earlier part of this century it is evident that tuberculosis in all forms then played a much more prominent part than it does to-day. Nevertheless, there is no place for complacency, as there are still more than 60 notifications of pulmonary tuberculosis each year in the City.

Since 1954 we have made a practice of testing six-year-old children to ascertain whether they have had a primary tuberculous infection; this is carried out by an intra-dermal test known as the Mantoux Test. During the year 583 children were, with their parents' consent, so tested. Of these, 16 gave a positive reaction and were referred to the Chest Physician for full investigation. In order to protect the children who are leaving school and going out to work at a vulnerable age, B.C.G. vaccination has been offered to the 13 - 14-year-old group since 1954. The number accepting in 1958 was not materially different from that in previous years. Table 4 shows the number dealt with.

TABLE 4

B.C.G. Vaccination of 13 - 14 Age Group					
No. of children skin tested ...	...	...	...	...	725
No. of above who gave positive reaction to Mantoux Test ...	...	...	...	...	113
No. who received B.C.G. ...	...	...	...	...	590

Since 1951 Mass Miniature Radiography has been used as a method of checking whether any teacher, or any pupil about to leave school, had been suffering from tuberculosis. All teachers, and pupils in the appropriate age group, are offered an examination by the Mass Miniature Radiography Unit. The number accepting this year and in 1957 is shown in Table 5. The fall in the number of teachers accepting x-ray is very regrettable.

TABLE 5

		1957		1958
No. of pupils examined ...	...	2160	...	1168
No. of teachers examined .	...	239	...	77

### MEDICAL TREATMENT

Medical treatment was not undertaken by the Corporation when the School Medical Service was established, but by 1914 it was decided to set up a Clinic and certain forms of treatment as detailed later in this report were then undertaken. By the Education Act of 1944 the responsibility for the treatment of all children in attendance at maintained schools was placed on the Local Education Authority and the Corporation had to pay for all treatment given to children in hospitals. The coming into force, however, of the National Health Service Act, 1946, provided each child with its own General Practitioner and removed much of the responsibility for the provi-



sion of medical treatment from the shoulders of the Local Education Authority. Nevertheless, the School Clinics continued to play an important part in the treatment of children. They are available for specialised investigations, and when such diseases as scabies, ringworm and plantar warts are prevalent, facilities for the routine treatment of children are offered and family doctors can and do send children to the clinic for such treatment.

The main School Clinic is at No. 2 George Street and provides for:—

- (1) Special inspections and examinations by School Medical Officers.
- (2) Minor Ailment Clinic.
- (3) Scabies, etc. Cleansing Station.
- (4) Immunisation and Vaccination Clinics.
- (5) Ophthalmic Clinic.
- (6) Orthoptic Clinic.
- (7) Ear, Nose and Throat Clinic.
- (8) Audiometric Clinic.
- (9) Speech Therapy Clinic.
- (10) Accommodation for Educational Psychologist.
- (11) Child Guidance Centre.

The Health Department Clinic at Eildon Lodge, 50 Victoria Place, provides on behalf of the Education Authority facilities for:—

- (1) Priority Dental Services.
- (2) Orthopaedic Clinic.
- (3) Medical Officer's Special Examination Clinic.
- (4) Immunisation and Vaccination Clinics.

The Clinic at Inglewood Infants' School which started in 1954 is now an established feature of the Service and is used for immunisation and vaccination sessions as well as for minor ailment clinics.

Owing to the difficulty of providing space for the accommodation of the Teacher of the Deaf and her equipment, she has been given the use of a room beside the Food Distribution Centre at 28 Victoria Place, and children requiring hearing guidance attend there for treatment.

## MINOR AILMENTS

The treatment of minor ailments has been a duty of the School Nurses since the opening of the Clinic. Sessions are conducted daily and at these, during the year under review, 1131\* cases were treated. The number of attendances at these clinics was 5497 and the results are given in Table 6.

### TABLE 6

Cured . . . . .	988
Improved . . . . .	20
Ceased attending or failed to complete their course of treatment . . . . .	28
Referred to Hospital . . . . .	18
Attending Medical Practitioners . . . . .	36
Still attending for treatment on 31st December, 1958 . . . . .	41

In addition, 12 cases of scabies attended for advice and treatment; all were treated at the Cleansing Centre.

\*This figure includes children shown in Part III., Groups A. B. D and G of the Ministry's Returns on pages 51 and 52.

During 1958 it became obvious that there was an increase in the number of children suffering from Verruca (Plantar Warts). A special survey of the feet of all children attending Council Schools was undertaken by the nursing staff, and every child found to have one or more warts was referred to the Clinic. There were in all found in the Town among junior and senior schools 271 cases of Verruca. 37 of these were having treatment, or preferred to have it, from their General Practitioner; the other 234 were referred for treatment at the School Clinic. The General Practitioners in town were informed of the facilities which were available at the School Clinic and told that the children could attend there for treatment.

The children found with Plantar Warts were instructed not to go to the Public Baths and the Baths Superintendent was informed to watch out for cases of Verruca and to exclude such children from the Baths. The taking of gym in bare feet was discontinued as a temporary measure.

# DENTAL INSPECTION AND TREATMENT

By T. W. GREGORY, L.R.C.P.S., L.D.S.

Principal School Dental Officer

It seems fitting at the outset in this Jubilee year to recall briefly the inception and development of the School Dental Service in this City up to the present time.

Records show that Dr. Beard, from the time of his appointment in 1908 as first full-time School Medical Officer, repeatedly drew attention to the appalling state of the children's teeth and to the short and long term consequences in health and output of this state of affairs. He also referred, amongst other factors, to the problem of the cost of dental treatment to the majority of parents. It was not till 1914, however, when the clinic at George Street was opened and dental accommodation and equipment were provided, that treatment commenced. The late Mr. Taylor, L.D.S., attended two mornings a week and continued to give his valuable services in this way until it became obvious that even the limited scheme which was then in operation would require a full-time dental officer. Mr. W. A. Roberts, L.D.S., was appointed in 1929, and an increasing number of children received treatment, although extractions necessarily took up much of the time. Mr. Roberts' health unfortunately broke down, and before he died in 1934 the present writer had commenced service with the Authority. In 1947 a second dental officer was appointed and a move was made to the present clinic at Eildon Lodge. More up-to-date equipment was provided, and in place of the occasional help of the School Nurses and Health Office clerical assistance we now had two full-time dental attendants. Requirements were also increasing. The inclusion of the High School and Grammar School, the raising of the school leaving age, and work for the Health Committee accounted for this.

At present the staff consists of two dental officers, two dental attendants, one part-time outside technician under yearly contract, while for anaesthetics we have the help of your Assistant Medical Officers and weekly sessions with a specialist Anaesthetist. Conservative work occupies rightly the bulk of the time, but prosthetic and orthodontic treatment is also carried out. In addition, since 1957 we can now refer children to a Consultant Oral Surgeon or Orthodontist of the Regional Hospital Board who pay weekly visits to Carlisle—a service which is a great advance.

If those who inaugurated the School Dental Service were to inspect the children now, I think they would notice one marked change, although they might not realise that it dated substantially from the time that free dental treatment became generally available to those, and only those, under 21 years of age. This change is that the dental care of children in some schools, with enlightened parents, is vastly improved. In other schools there is little change—the usual percentage of children whose parents refuse treatment year after year and obviously go nowhere else for treatment, unless in agony. There is still need for dental education, still need for one dental officer for every 2,000 - 3,000 children. When official recognition was given to “priority classes” and a priority dental service established, high hopes were entertained that at last something really effective would be done to cope with the most widespread disease which afflicts the community—namely, dental caries,—but priority has become merely a catch-phrase, and the outlook for the next decade at least is bleak.

The Annual Dental Statistical Table will be found on pages 53 and 54. In all, 6162 pupils were inspected during the year, slightly more than last year. The number of special requests was reduced. As the majority of these are because of tooth-ache this may be taken as a favourable sign. It could in course of time increase due to greater parental concern as to incipient disease.

Compared with the previous year, the figures show little variation if viewed in the light of the number of sessions devoted to treatment. 2600 teeth were filled and 3609 extracted.

Under the heading “Orthodontics,” the 66 cases commenced during the year include some referred to the Consultant for advice, but do not include those referred to him, which he undertook to treat himself.

41 pupils were referred for radiological examination and approximately 35 sessions were devoted to work for the Health Committee.

In conclusion, I should like to acknowledge the help and co-operation received from many quarters.



## SPECIALIST SERVICES

In 1912 the Board of Education issued Circular 792, which authorised a grant of 50 per cent. for certain services including specialised clinics, provided they were conducted by the School Medical Officer or his staff or were under his direct supervision. In 1914 the City Council opened the George Street premises as a combined Tuberculosis Dispensary and School Clinic and established, in addition to the Minor Ailment Clinic, a Dental Clinic staffed part-time by Mr. William Taylor, L.D.S., and an Ophthalmic Clinic in charge of Dr. F. R. Hill, an Ophthalmic Surgeon. Towards the end of the year the Cumberland Infirmary was requested to undertake certain operative work on behalf of the Local Education Authority, but on account of shortage of staff, associated with the outbreak of war, this work was refused by the Infirmary. The Ophthalmic Clinic suffered many vicissitudes during the war but was never really out of action. Specially difficult cases were sent to the Ophthalmic Specialist in the town. Eventually Dr. Leslie Fraser became responsible for the clinic and his assistant usually conducted the sessions. In 1948, with the re-organisation of the specialist services, Dr. Wear was appointed, and he conducted the School Ophthalmic Clinic until 1955 when he was succeeded in that post by Dr. Evans, who is still responsible for this work. The absence of an Orthoptic Service had been a hindrance to the full development of the Ophthalmic Service and in 1954 the City Council arranged with the Cumberland County Council for the joint use of one of their Orthoptists and an orthoptic room was subsequently equipped at George Street Clinic.

In 1925 the Carlisle Council of Social Service set up the Cripple Clinic in premises at West Walls. Mr. Andrew G. Caird was the surgeon and school children were accepted for treatment. The Clinic Committee eventually became the agents for the Carlisle Corporation in its capacity as a Local Education Authority. In 1932 the growth of this clinic made increased accommodation necessary, and in that year, whilst still under voluntary control, the clinic was transferred to the School Clinic at George Street. In 1945, at the request of the Voluntary Committee, the Local Education Authority took over the Cripple Clinic and it became housed in Eildon Lodge. After Mr. Caird's death Mr. J. E. Monro acted as surgeon to the Clinic until Mr. William McKechnie, the newly appointed Orthopaedic Surgeon to the district, returned from active service in 1947.

The treatment of ear, nose and throat conditions (particularly the removal of tonsils and adenoids) was provided for directly by the Local Authority in 1931 at Fusehill (now City General) Hospital under Mr. E. Craig Dunlop. In 1938 Mr. R. S. Venters was appointed in charge of the newly established Ear, Nose and Throat Clinic which was held at George Street, and he was given the necessary facilities for the treatment of his young patients at Fusehill Hospital. This arrangement is still in being, though the hospital treatment is the responsibility of the Regional Hospital Board. The importance of deafness in children, particularly in regard to their education and social development, is well recognised, and in recent years your Health Visitors and School Nurses have been trained in the recognition of deafness in very young children and one of your School Nurses has had special training in pure tone sweep testing of school children by Professor Sir Alexander and Lady Ewing, of Manchester University. In 1957 a Teacher of the Deaf was appointed who was afforded special training in the Department of Education for the Deaf at Manchester University, and at the beginning of 1958 the Hearing Guidance Service was inaugurated.

In 1948 an Educational Psychologist was appointed and later in the same year a Child Guidance Clinic was established at George Street. Dr. Braithwaite, of Garlands Hospital, is the Consultant Psychiatrist, and the Clinic is held fortnightly. The work of this Clinic is steadily increasing.

Another special service which was not available in the City was Speech Therapy. Speech Therapists were very difficult to obtain, but in 1948 we were fortunate in obtaining one on a part-time basis. After many vicissitudes and staffing difficulties the Speech Therapy Clinic is now well established and doing excellent work. The Speech Therapist gives treatment to adults as well as school children when this is necessary and on occasions visits the hospitals.

In recent years the problem of spastic children has required increased attention, and in 1954 it was arranged that Dr. Ellis, a Consultant Paediatrician and Medical Director of the Percy Hedley School for Spastic Children, should come to the City to advise on the ascertainment and treatment of such children. A clinic is now held once a quarter for this purpose; new cases are seen and the progress of others is observed and their treatment controlled.

All the Specialist Clinics are staffed by nurses and clerical staff of the Department and only the Consultants are officers of the Regional Hospital Board. Children attending such clinics are not subjected to the fear they may have of visiting a hospital and they are also prevented from becoming too hospital minded. Moreover, the Local Education Authority staff is relatively stable and the children and possibly their parents are well known. The nurses and others can supply information not only about the home background but also about the school situation, and a consultation at the clinic, in spite of the absence of an X-ray plant and pathological laboratory, is of great value. Children, moreover, are not crowded out as they might well be in a busy hospital out-patient department, and the integration of the Specialist Clinics in the School Health Service is of particular value when dealing with handicapped children who may require special educational treatment, e.g., the child with defective vision, the deaf child, and the maladjusted child all require a very close co-operation between medical and educational staff in the treatment of the condition. At the School Clinic sessions special attention can be paid to the child who needs a modification of the educational programme or whose time of treatment has to be adjusted to the needs of his school curriculum and examinations.

The cost of providing the clinics, the nurses and the clerical staff falls on the Local Education Authority, but this small outlay is well worth while when one considers the value which accrues to the children by being able to have the specialist consultation in "their own clinic." Children from non-maintained schools are welcomed at the Specialist Clinics provided they have been referred by a general practitioner.

## EAR, NOSE AND THROAT DEFECTS

Mr. R. S. Venters, F.R.C.S., Senior Consultant Otolaryngologist for the Special Area, continued to be responsible for the specialist clinics held at George Street School Clinic. Children who attend maintained and non-maintained schools as well as pre-school children can be seen at this clinic and any necessary operative treatment can be carried out in Mr. Venters' wards at the City General Hospital. It should be noted that children are always referred to this clinic for a Consultant's opinion and no children are referred directly by the School Medical Officers to the Hospital for such operations as tonsillectomy. Mr. Venters held 15 sessions during 1958 and a total of 374 (328 school and 46 pre-school) children were examined. During the year 185 (162 school and 23 pre-school) children were admitted to the City General Hospital for surgical treatment, while 4 children (3 school and 1 pre-school) were admitted to hospital for non-operative treatment.

Five school children were recommended for hearing aids and were supplied with the new transistor type.

Pure tone sweep testing of school children on entry to the Infant Schools was continued; this work was carried out by Miss Yarker, who is specially trained for the purpose, and the Teacher of the Deaf, Miss Parr, when she was not otherwise employed. The sweep testing was to some extent impeded by the big drive for poliomyelitis vaccination but the results are shown in Table 7. (See Plate 1.)

TABLE 7

No. of School sessions	...	...	...	...	19
No. of Clinic sessions	...	...	...	...	48
No. of school children screened	...	...	...	...	585
No. of pre-school children screened	...	...	...	...	19
No. of the above children who were found to require full Audiograms	...	...	...	...	44
Total No. of Audiograms carried out on these and other children, including repeats	...	...	...	...	153
No. of children referred to the E.N.T. Specialist	...	...	...	...	44





*School child having Pure Tone Sweep Test  
to ascertain if there is any deafness.*



## Hearing Guidance

The following report is supplied by Miss L. Parr, Teacher of the Deaf.

The Hearing Guidance Clinic commenced in January of 1958. There were to begin with 3 local pre-school children and 4 hard of hearing children who attended local schools; subsequently a small number of extra-district children were sent to this clinic. Pre-school local children at first attended weekly while the extra-district children attended once a fortnight. This was found to be inadequate for their needs and the frequency of visits was in each case doubled. Children from the local schools attended once weekly. At the Clinic each child was allotted at least a one-hour period which included time for discussion of the parent's problems regarding the child. The periods with school children were taken by the teacher and involved practice in lip-reading while listening with their individual aids or the high fidelity speech training unit, in listening practice and improvement of speech. In the case of pre-school children the parents took a much more active part in the clinic sessions. After a period of observation the parents practised how to gain skill in the catching of the eye of, and in speaking to, the child in a play situation. At the same time they acquired the knack of manipulating the microphone of the individual hearing aid or speech training unit from near their own mouth to near the child's mouth so as to encourage him to form the words on his own lips. It is in this way that the child begins to connect what is heard and said with certain actions or objects and will start eventually first to comprehend language and then to attempt to say the words himself. (See Plates 2 and 3.)

Parents were given advice and help on how to overcome difficulties and were expected to have several short periods or one longer period every day in the home, carrying out the training about which they had been given guidance in the clinic. The rate of progress of the child towards speech is related, among other factors, to whether the guidance given in the Clinic is carried out regularly at home by the parents.

Children resident locally who attend boarding schools for the deaf elsewhere were seen at the Clinic during their holiday periods. This enables the parents and children to get to

know or to keep in touch with the Teacher of the Deaf so that guidance can if necessary be readily given. The Teacher of the Deaf does not undertake the type of work for which the Missioner to the Deaf is responsible. The issue of the National Health transistor hearing aids in late July was welcomed by all the children; the older ones declaring that they heard better with them. Nevertheless there was one drawback in connection with home training. The leads were too short to allow the microphone to be detached, and while holding it close to the parents' mouth to keep it at a sufficient distance from the child to enable him to lip-read at the same time as to listen to speech. The hearing aid technician, however, who has been in the habit of supplying hearing aids to such children, is aware of the situation and will therefore supply long leads as they become available from the Ministry of Health.

The lack of a tape recorder has prevented permanent records being made of pre-school children's progress from babbling to the use, in many appropriate situations, of his first intelligible words or the progress of another child from using single words to short phrases spoken spontaneously. Recordings such as these fulfil the double purpose of noting the child's linguistic progress and at the same time of serving to encourage the parents of other deaf children who seek guidance on home training. It is hoped that this want may soon be supplied. Table 8 shows the work carried out by the Teacher of the Deaf in respect of Hearing Guidance, but does not include the time she has spent at the Ear, Nose and Throat Clinic or on visits to hospitals.

TABLE 8

No. of City cases	...	...	...	...	...	18
No. of attendances	...	...	...	...	...	270
No. of extra-district cases	...	...	...	...	...	7
No. of attendances	...	...	...	...	...	102





*School child receiving Hearing Guidance and  
Speech Improvement from the Teacher of the Deaf.*



*Pre-school deaf child receiving Hearing Guidance from mother  
under the supervision of the Teacher of the Deaf.*

## OPHTHALMIC CLINIC

The Eye Clinic which is held at George Street School Clinic was conducted by Dr. A. T. G. Evans, Consultant Ophthalmologist, on 43 occasions. In all 572 (528 school and 44 pre-school) children were examined at the clinic. The majority of these children come from maintained schools. Of the school children, 139 were being examined for the first time and 389 were being re-examined, generally with a view to ascertaining whether they required a change of spectacles. In 58 of the latter cases the existing spectacles were found to be satisfactory, but among all others new spectacles were required in 400 cases. 66 of the school children above examined were suffering from some degree of squint.

Five school children were found to have conditions other than visual defects and these are noted in Table 9.

TABLE 9

Blepharitis	...	...	...	...	...	...	1
Conjunctivitis	...	...	...	...	...	...	1
Dacryocystitis	...	...	...	...	...	...	1
Injury to eye	...	...	...	...	...	...	2

### Orthoptic Treatment

I am indebted to Mrs. Scott, Orthoptist, for the following report on the Orthoptic treatment of Carlisle children during the year.

The Orthoptic Clinic has expanded considerably during the year. In February it was found necessary to increase the clinics to two per week, and as a waiting list for treatment still persisted a further clinic was formed in October, making three per week in all.

On the whole attendances have been good and it is encouraging to note that there are fewer patients who have failed to attend for treatment this year than in 1957. Parents have been bringing pre-school children to the clinic. This enables very early treatment to be given to the squints, thus ensuring better results. (See Plate 4.)

During 1958 the number of attendances made by children each month was as follows:—

January	...	...	...	...	26
February	.	...	...	...	28
March	...	...	...	...	42
April	...	...	...	...	36
May	...	...	...	...	32
June	...	...	...	...	62
July	...	...	...	...	54
August	...	...	...	...	18
September	...	...	...	...	41
October	...	...	...	...	55
November	...	...	...	...	56
December	...	...	...	...	27

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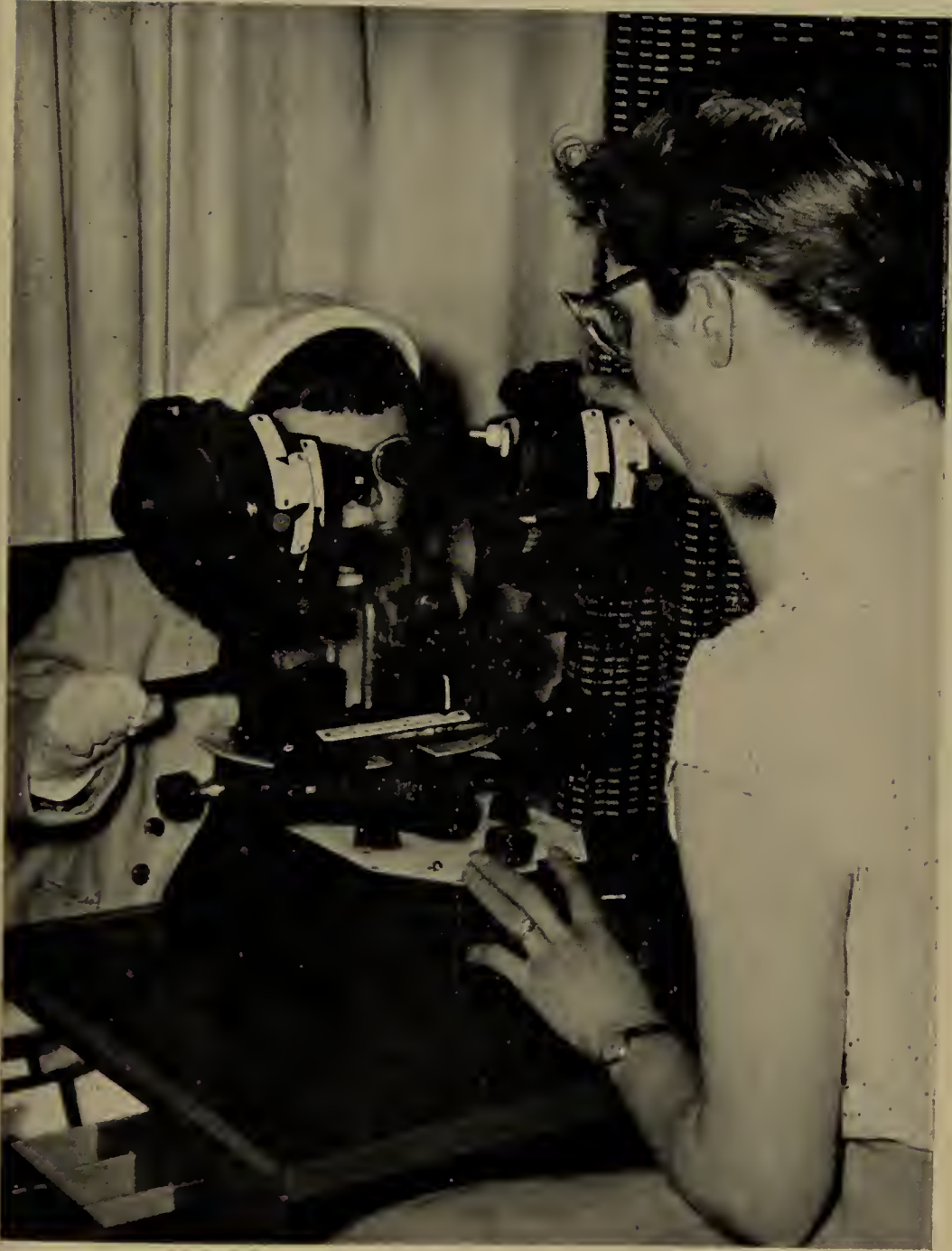
TOTAL ... 477

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The number of new cases seen was 90 and the number of these taken on treatment was 59. These consisted of:—

#### Convergent Strabismus:

Manifest convergent strabismus	...	...	16
Convergence excess and intermittent convergent strabismus	.	...	12
Fully accommodative strabismus	...	...	7
Fully accommodative strabismus with amblyopia ex anopsia	.	...	15
Esophoria	...	...	2



*Young child receiving orthoptic treatment  
for the correction of squint.*





## Divergent Strabismus:

Consecutive divergence .	...	...	...	1
Divergence excess	...	...	...	2
Convergence weakness .	...	...	...	1
Amblyopia ex anopsia ...	...	...	...	2
Post-operative convergent to divergent strabismus .	...	...	...	1

The number of patients discharged during this year was 41. These were as follows:—

Cured .	...	...	...	...	...	...	11
Improved	...	...	...	...	...	...	20
Cosmetically satisfactory	...	...	...	...	...	...	2
Not responding to treatment	...	...	...	...	...	...	1
Failed to attend	...	...	...	...	...	...	6
Left district	...	...	...	...	...	...	1
Refused treatment	...	...	...	...	...	...	Nil

Number of patients attending on December 31st, 1958, was 46.

## ORTHOPAEDIC CLINIC

Mr. William McKechnie, F.R.C.S. (Edin.), Consultant Orthopaedic Surgeon to the Special Area, continued to be responsible for the Orthopaedic Clinic conducted at Eildon Lodge. Unfortunately during the early part of the year he had no Orthopaedic Registrar and this limited the number of sessions which he could devote to the clinic. Mr. Foster, the Senior Orthopaedic Registrar, took up his duties in June, and since then he has conducted the clinics at Eildon Lodge on behalf of Mr. McKechnie. 23 clinical sessions were held at which 706 (536 school and 170 pre-school) children were examined.

### Physiotherapy

I am indebted to Mr. J. M. Smith, the Physiotherapist, for the following report.

During the year 85 school children and 33 pre-school children attended Eildon Lodge for treatment, and Table 10 sets forth the work undertaken. 6 of these children were referred by Mr. McKechnie from the Cumberland Infirmary. It is more satisfactory for young children to receive physiotherapy when possible at the clinic at Eildon Lodge than to attend a large rehabilitation department at a hospital.

TABLE 10

		SCHOOL		PRE-SCHOOL		
		No. of Children Treated	No. of Treatments Given	No. of Children Treated	No. of Treatments Given	
Flat foot	...	52	285	...	8	37
Postural	...	16	161	...	—	—
Spastics	...	4	308	...	3	140
Specials	...	13	111	...	6	24
U.V.R.	...	—	—	...	16	144
		85	865	...	33	345

At the after-care clinic 214 attendances were made, 169 by school children and 45 by pre-school children.

During the school terms two afternoon visits were made each week to the H. K. Campbell School for the treatment of children suffering from Cerebral Palsy.

In addition to physiotherapy treatment at the clinic, appliances worn by children are checked and forms of application for orthopaedic footwear and insoles are issued,



## SCHOOL MENTAL HEALTH SERVICE

I am indebted to Miss Mary Y. Cameron, M.A., Ed.B., Educational Psychologist to this Authority, for the following report.

During this year 303 children were dealt with at the Child Guidance Centre. Of these, 102 were referred in 1957 or earlier.

Table 11 shows by whom the children were referred.

TABLE 11

	Boys	Girls	Total
Head Teachers ... ..	126 ...	73 ...	199
School Medical Officers . ...	15 ...	13 ...	28
Children's Officer ... ..	1 ...	2 ...	3
General Medical Practitioners	24 ...	3 ...	27
Mental Health Worker . ...	6 ...	4 ...	10
Parents ... ..	7 ...	5 ...	12
Speech Therapist ... ..	3 ...	— ...	3
Probation Officers ... ..	3 ...	— ...	3
Director of Education ... ..	1 ...	— ...	1
Psychiatrist ... ..	1 ...	2 ...	3
School Nurse or Health Visitor	1 ...	3 ...	4
Consultant Physician ... ..	2 ...	3 ...	5
School Welfare Officer . ...	2 ...	— ...	2
Hospital Medical Superinten- dent . ... ..	— ...	1 ...	1
Psychologist ... ..	2 ...	— ...	2
	<hr/> 194 ...	<hr/> 109 ...	<hr/> 303

As in past years, more children were referred by Head Teachers than by any other agency. This is to be expected, for nearly half the children were referred because they were backward, and, although a few cases of extreme retardation were referred by doctors, backwardness is a condition which becomes most obvious in school.

The variety of people who have referred children shows a gratifying increase in knowledge of the work of the Centre. The small but increasing number of parents who refer their own children directly is another sign of this spread of information about the Child Guidance Service.

Tables 12 and 13 show respectively the distribution of Age and I.Q.

TABLE 12

Age in Years	Boys	Girls	Total
Under 2	1	—	1
2 +	2	1	3
3 +	1	1	2
4 +	3	1	4
5 +	11	5	16
6 +	14	9	23
7 +	11	3	14
8 +	19	4	23
9 +	36	23	59
10 +	29	19	48
11 +	17	14	31
12 +	25	19	44
13 +	12	2	14
14 +	8	4	12
15 +	2	3	5
16 +	—	1	1
17 +	2	—	2
18 +	1	—	1
Totals	194	109	303

TABLE 13

I.Q.	Boys	Girls	Total
30 +	1	1	2
40 +	1	1	2
50 +	2	5	7
60 +	11	14	25
70 +	36	29	65
80 +	49	23	72
90 +	34	12	46
100 +	21	4	25
110 +	14	6	20
120 +	10	3	13
130 +	4	2	6
140 +	1	—	1
150 +	—	—	—
160 +	1	—	1
Totals	185	100	285

18 children (9 boys, 9 girls) were not given an intelligence test because they were too disturbed to make a valid test possible.

It will be seen that there are more children between the ages of nine and thirteen than in any other groups. This follows from the fact that so many have been referred because they are backward. Usually, the numbers of children referred for this reason rise sharply round about the age of eight, the point of transfer from the Infant to the Junior School. This year, the greatest number occurs at age nine, the lowest age at which children have, so far, been admitted to York School.

The opening of this school made it necessary to review an unusually large group of backward children, and while a proportion only were found to require special educational treatment the increased number of such children tested has resulted in the average I.Q. being lower than that shown in previous reports: namely, 83 in contrast with an average I.Q. of 92 in 1957.

The I.Q. of the children who received treatment is considerably higher (101) as treatment is not offered as a rule to those who are mentally dull.

In 91 cases the children were tested and reports were sent to the Head Teachers, and, where appropriate, to the Probation Officer, the Children's Officer, or the General Medical Practitioner, but treatment was not offered.

In 14 cases there were strong physical factors and in 15 cases strong home factors. Strong physical factors are conditions such as spasticity, epilepsy, or defects of hearing or vision where these have affected psychological development. Strong home factors include not only broken homes but homes where the inter-familial relationships are such as to hinder or harm normal development.

Three boys were referred by the Speech Therapist and attended her sessions concurrently; 10 were on probation.

The parents of 4 children refused to let them attend the Centre and the parents of three others were so unco-operative that treatment had to be discontinued. In one case, friction between the home and the school increased the child's difficulties.

Table 14 shows the numbers who came for remedial teaching.

TABLE 14

General Backwardness	Specific Backwardness			
	Arithmetic	Reading	Spelling	English
24	1	27	1	—

Under general backwardness are those who were given teaching in more than one subject. More children came for reading than for any other single subject. This does not indicate a lack of need for help in other subjects, but only that reading, as the key to so much else, is so overwhelmingly important that it is always selected as the starting point for remedial work.

TABLE 15

General Instability	...	...	...	...	...	4
Anxiety	...	...	...	...	...	16
Nightmares and Night Terrors	...	...	...	...	...	—
Enuresis and Soiling	...	...	...	...	...	21
Emotional Retardation	...	...	...	...	...	5
Unmanageable Behaviour	...	...	...	...	...	32
Temper Tantrums	...	...	...	...	...	7
Truancy	...	...	...	...	...	5
Irregular Attendance	...	...	...	...	...	3
Pilfering	...	...	...	...	...	12
Untruthfulness	...	...	...	...	...	13
Malicious Mischief	...	...	...	...	...	1
Sexual Offences	...	...	...	...	...	1



Table 15 shows the various forms of maladjustment from which the children suffered. These are not mutually exclusive. The child who pilfered was frequently untruthful and sometimes also played truant. The child who suffered from temper tantrums or was emotionally retarded was sometimes also enuretic. In the "unmanageable" category are included a wide variety of behaviour patterns, from the pre-school child who has got the upper hand and rules the home to the adolescent who, having failed to develop any regard for his parents, disregards their wishes.

Those who exhibited severe forms of any of the symptoms of maladjustment and those with psycho-somatic complaints were referred to Dr. Braithwaite, who held a psychiatric clinic once a fortnight. The pressure on his time was again very great and more cases would have been referred to him had he had time to see them.

The treatment of enuresis was greatly helped by the use of the Elison Enuretic Alarm, which was completely successful in every case in which it was used. As the number of children who suffer from this complaint is quite high, two more sets of this apparatus have been requisitioned for next year.

Table 16 shows the number of children seen by the Psychiatrist and the number of attendances they made.

TABLE 16

	No. of children				No. of attendances	
Boys	...	...	...	24	...	43
Girls	...	...	...	12	...	33
TOTAL	...	...	...	36	...	76

Of these, 28 (18 boys, 10 girls) were referred during 1958. The others had been referred earlier and continued to receive treatment.

The Mental Health Worker continued to visit children who had been discharged and to keep a check on their progress. After being discharged children are visited three times—at the end of six months, a year, and two years—and if satisfactory reports are received on each visit, and if these reports are confirmed by school reports, it is assumed that treatment has been successful.

Table 17 gives a summary of the results of this work.

	SATISFACTORY			
1st visits ... ..	...	...	...	9
2nd visits ... ..	...	...	...	13
3rd visits ... ..	...	...	...	25
TOTAL ... ..				47

Two little girls attended together for Play Therapy in December and it is hoped that they will continue to do so next year.

During the months of September and October practically all the normal work of the Centre was cancelled to enable the children who had been put forward by the Head Teachers for York School to be tested. During this period 104 children were tested and 59 of them were referred to the School Medical Officer for ascertainment. This extra work was made possible by the provision for the first time of clerical assistance.

Table 18 shows the types of work done at the Centre and the extent of each.

TABLE 18

No. of Psychological Investigations:					
By individual tests	...	...	...	184	
By parent interview	...	...	...	54	
					238
No. of visits of children to the Centre for educational and other therapy	...	...	...	520	
No. of visits of children to the Centre for play therapy	...	...	...	2	
No. of visits of parents to the Centre	...	...	116		
No. of home visits	...	...	29		
No. of school visits	...	...	264		

As in former years, the work of the Centre has been immensely strengthened by the ready co-operation of Head Teachers, the Children's Officer, the School Welfare Officers, and the Probation Officers, and valuable assistance has from time to time been given by the School Nurses and Health Visitors. To all of these thanks are due, for without their support this Service could not have been adequately conducted.

## SPEECH THERAPY CLINIC

Miss P. Dawson, L.C.S.T., Speech Therapist, left our service at the end of July to take up an appointment as a Hospital Speech Therapist and was succeeded in September by Miss M. V. Biggam, L.C.S.T.

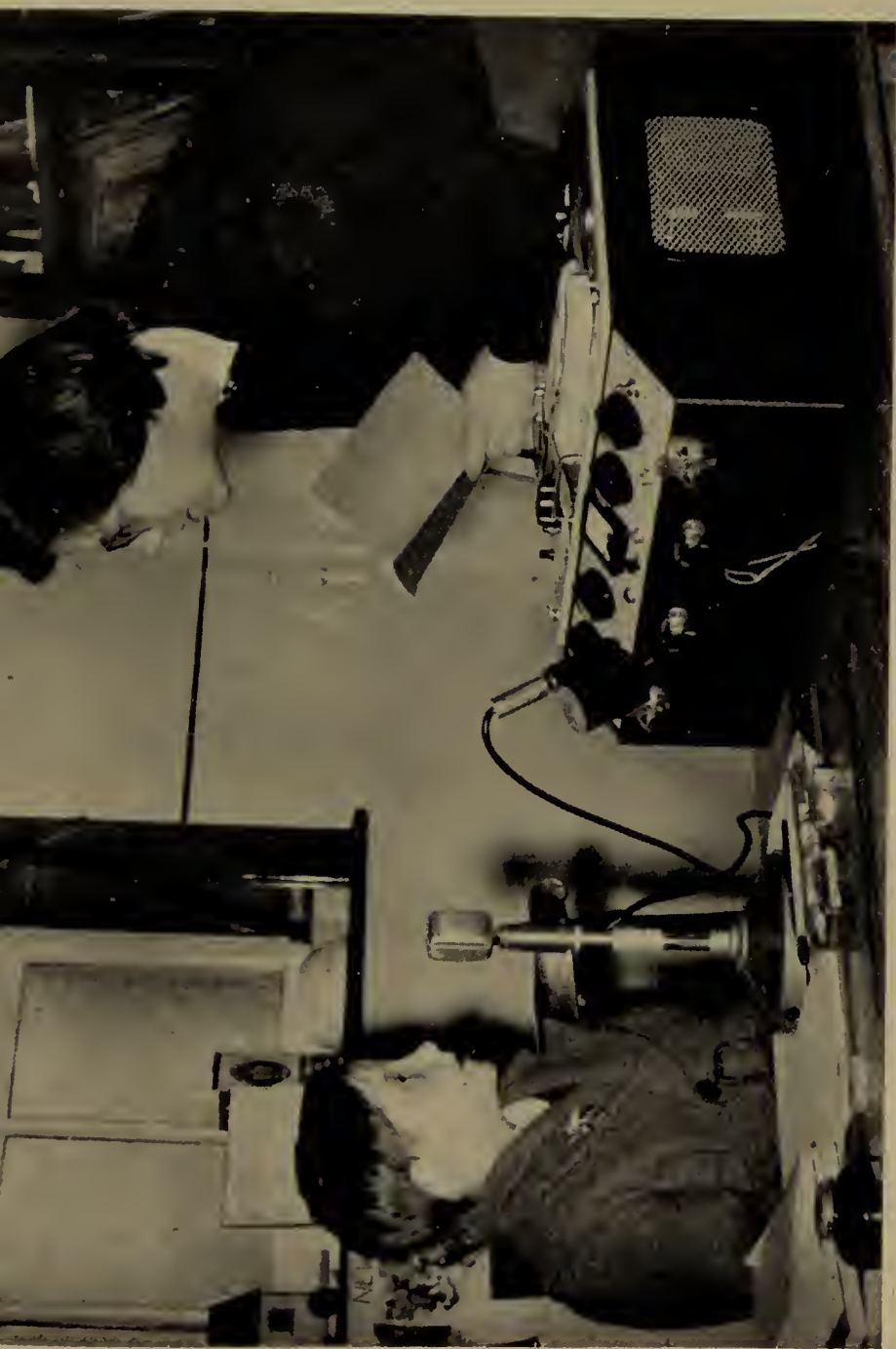
I am indebted to these two ladies for the following reports on the work of the clinic during the year.

### Report of Miss Patricia R. Dawson, L.C.S.T.:—

The Speech Therapy Clinic at George Street has continued to flourish during the year. Unfortunately attendances, particularly during the summer term, have tended to diminish. This has been due, in great part, to the Octo-Centenary Celebration preparations and activities in the schools. It is hoped that the children will resume a more settled existence after the summer holidays, and that attendances will improve again.

It will be seen, from Tables 19 and 20, that the number of cases treated has been somewhat lower than in recent years. This fact is due undoubtedly in part to my policy now of seeing the parents of very young children with potential speech defects, or with very minor difficulties, advising them on the best course to follow, in certain cases giving easy exercises for them to practise with their children, and then arranging to review the case in a few months' time. This system has been found to be very successful in many cases, obviating the need for the child to be enrolled at the Speech Clinic. Thus, by avoiding regular attendance, his slight speech difficulty does not assume important proportions in his mind, and so possibly grow into something greater.

The Tables 19 and 20 show the work carried out in the clinic. I should like to point out that the term "dyslalia" normally indicates only a defect of articulation wherein one consonant is substituted for another. For the sake of simplicity in nomenclature I have extended this group to include in it some cases in which there is possibly some slight neurological disturbance, but which, nevertheless, are characterised by difficulty in articulation. In a few instances, too, a case can be listed in two categories, e.g., stammering and



*School Child receiving Speech Therapy at the Speech Therapy Clinic. The tape-recorder is used to illustrate to the child what he is doing wrong, and how he is progressing, as well as to make records of progress of individual children.*





dyslalia or dyslalia and hypernasal speech. In such instances I have grouped the child according to his more severe defect.

During the period January 1st - July 28th 19 school visits were paid.

In conclusion, I should like to express my gratitude to the Head Teachers and Teachers of the City Schools for the co-operation and help which they have accorded me, and without which the work in the clinic would be impossible. I should like especially, too, to thank all the members of the staff at the George Street Clinic, and also the officers and clerks of the Health Department, and in particular those in the School Health Service. Their kindness and help have been most valuable features of my stay in Carlisle and my memories of the work in the Department will always be happy ones.

#### Report of Miss Mavis V. Biggam, L.C.S.T.

Attendances at the Speech Therapy Clinic at George Street have improved since the summer holiday, as Miss Dawson forecast. The Royal Visit in October added much interest to the lives of the children and did not cause any significant interruption of the clinic routine.

The number of cases under treatment has risen slightly since September. This is due mainly to the commencement of the new academic year and the enrolment of some five-year-olds whose slight speech difficulties caused them to be referred by the School Medical Officers in their routine examination.

The co-operation of parents in home treatment of their children is of a very high standard and the improvement in many cases has been due in no small way to the conscientious work done at home.

During the period under review I have paid 29 visits to schools.

In Tables 19 and 20 are set forth details of the work of the clinic throughout the year.

TABLE 19

	Boys	Girls	Total
On Register 1st January, 1958 ...	49	15	64
Admitted 1st Jan. - 31st Dec. ...	40	14	54
Discharged — Remedied . ...	17	13	30
Discharged — Left School ...	1	—	1
Discharged — Left District ...	2	1	3
Discharged — Selected alternative treatment . ...	1	—	1
Discharged — Transferred to Teacher of Deaf ...	2	—	2
Discharged — Ceased Attending	9	4	13
On Register 31st December, 1958	57	11	68

TABLE 20

	Boys	Girls	Total
No. of Stammerers . ...	38	7	45
No. of Cleft Palate . ...	4	—	4
No. of Dyslalics ...	33	21	54
No. of Partially Deaf ...	3	—	3
No. of Hypernasality Cases ...	1	1	2
No. of Cases Delayed Speech ...	9	1	10

## HANDICAPPED CHILDREN

From the earliest days of the School Medical Service interest was taken in delicate and handicapped children. A special class for delicate children was organised in Denton Holme School and this was later transferred to Newtown School. Finally, H. K. Campbell School for delicate children was opened in 1930. Throughout the years the character of the school has changed and it is now a Special Day School for physically handicapped children. The numbers of children with specialised defects is fortunately small, but this means that education for them cannot be provided locally. Blind and partially sighted children as well as deaf and partially deaf have to attend residential schools in distant parts.

Spastic children who can remain in ordinary schools or H. K. Campbell are educated there; others are sent to residential special schools specialising in this particular defect provided they are capable of profiting by such education

Children who are incapable of attending school or who are long stay patients in local hospitals have education from the Peripatetic Teacher. Children receiving home teaching are reviewed each term by one of the School Medical Officers.

The examination of educationally subnormal children occupied a considerable proportion of the time of your School Medical Officers. Some of these children are sent to residential special schools.

In Table 21 is set forth the various types of schools in which provision was made for City children during 1958.

TABLE 21

In certified schools for the Blind ... ..	—
In certified schools for the Partially Sighted ...	1
In certified schools for the Deaf and Dumb ...	7
In certified schools for the Partially Deaf ...	1
In certified schools for children suffering from Cerebral Palsy ... ..	2
In residential special schools for Educationally Sub-Normal Children ... ..	10
In H. K. Campbell School on 31st Dec., 1958— Physically Handicapped ... ..	51
In special class at Pennine Way Junior School for Educationally Sub-Normal Children ...	10
No. of children who received education from Peripatetic Teachers throughout the year—	
In Cumberland Infirmary ... ..	1
In City General Hospital ... ..	12
In their own homes ... ..	11

34 children were unable to attend school because of mental deficiency of such a grade as to be unable to profit by education in any educational establishment under the Education Authority. 8 of these children were in institutions and the remainder were under the supervision of the Local Health Authority.

### Cerebral Palsy

Dr. Ellis, the Medical Director of the Percy Hedley School for Spastics, has continued to act as Consultant to the Local Authority in respect of spastic children, and he visited the town on three occasions and saw 19 children.

As indicated in the previous section, two of the more severely spastic children attend a special school at Irton Hall, and the remaining children are in the ordinary classes of the H. K. Campbell School. Your physiotherapist attends that school two afternoons per week and provides therapy for the children suffering from Cerebral Palsy. In Table 22 is set forth the visits he paid and the number of cases treated at H. K. Campbell School.

TABLE 22

No. of half-day sessions	...	...	...	...	71
No. of cases treated	...	...	...	...	7

### H. K. Campbell Special Day School for Physically Handicapped Pupils

At the beginning of the year 50 children were in attendance and 18 were admitted during the year, giving a total of 68 children dealt with. 17 children were discharged, leaving 51 still in attendance at the close of the year. The average length of stay of the pupils was 2 years, 9 months. Table 23 gives an indication of the defects from which the children suffered.

TABLE 23

#### Tuberculosis—

Pulmonary (non-infectious)	...	...	...	5
Non-pulmonary	...	...	...	3
Bronchiectasis	...	...	...	6
Bronchitis and Asthma	...	...	...	23
Debility	...	...	...	3
Heart Disease	...	...	...	5
Orthopaedic Defects including Spastics	...	...	...	14
Myopia and Partial Blindness	...	...	...	1
Muscular Dystrophy	...	...	...	2
Haemophilia	...	...	...	1
Ataxia	...	...	...	1
Partially Deaf	...	...	...	1
Enuresis	...	...	...	1
Coeliac Disease	...	...	...	1
Chorea	...	...	...	1



## PHYSICAL EDUCATION

I am indebted to Miss B. M. Bromley, Adviser in Physical Education, for the following report.

With the completion of the Technical College we now have six gymnasia in the City. Currock Villa Boys' Club Gymnasium has also been acquired for Currock Girls' and Bishop Goodwin Schools, thus leaving the Authority with only three Secondary schools with no interior accommodation for any purpose, namely, St. Patrick's, Ash Lea Boys', and Ash Lea Girls' Schools. It is anticipated, however, that Holy Trinity Hall will be available for Ash Lea Girls' in the near future. In addition, Brook Street Boys' and Girls' All Age Schools also are without interior accommodation.

The aim in the Secondary schools is for curricula and facilities equal to the Grammar schools of the City. Linked more closely to this is the appointment of specialist teachers in all Secondary schools of the City.

Primary school work has progressed during the past year. Only six Primary schools are without climbing apparatus; this is due to possible re-organisation schemes.

### Swimming

The time allotted to the Authority's schools remains at 27 hours a week. From the yearly survey taken in November we found that 77 per cent. of children over the age of nine were unable to swim 10 yards and 46 per cent. of the Secondary school children could not swim the requisite distance. This, unfortunately, is 10 per cent. less than last year's figures. It is to be hoped that the adoption of the Midlothian Scheme from February, 1959, will further improve the standard. To counterbalance this, it should be stated that 68 children passed Royal Life Saving Examinations ranging from Intermediate to the Award of Merit.

### Playing Facilities—Games

Improvements to playing field areas have been pursued at Upperby, H. K. Campbell and Creighton. Owing to inclement weather maintenance has been difficult during the past year. The success of the City soccer team in reaching the Third Round has proved that adequate facilities exist for football, whereas only the Grammar School has a cricket table. All Secondary girls' schools now have the opportunity to play hockey and tennis, and some schools are progressing rapidly.

## **Courses**

Cricket, Football, Netball and Tennis coachings for teachers and pupils have taken place during the year. Apart from the general work of seeing lessons, the Physical Education Adviser has undertaken more specialised work in Inglewood Junior, Pennine Way Junior and Infant Schools, Brook Street Senior Girls' and Infants' Schools.

This short report must conclude with an appreciation of the work done by the Carlisle School Sports Association, who have contributed so much to the standard of Physical Education in the City.

## **PROVISION OF MILK AND MEALS IN SCHOOLS**

### **Milk**

The average number of children on one day in September, 1958, availing themselves of the Scheme has been 8,572, as compared with 8,855 last year.

The percentage of children having milk on this set day during the year was 80 per cent., as against 77 per cent. in the previous year.

### **Meals**

The following table shows the number of children taking meals (free and paid) on a set day in September, 1958. Comparative figures for 1957 are also shown.

		Free Meals		Paid Meals		Total		Percentage taking Dinner
1957	...	805	...	2655	...	3460	...	32.8
1958	...	702	...	2847	...	3549	...	33.3

## CO-OPERATION OF VOLUNTARY BODIES

### **National Society for the Prevention of Cruelty to Children**

Close co-operation is maintained between the officer of this Association and the staff of the School Health Department, and any information available is freely exchanged.

### **Children's Sunshine Home, Allonby**

This Home, which was open eight months in the year, provided 32 children with a fortnight's holiday, and acknowledgments are tendered to the members of the Carlisle Rotary Club for the conveyance of the children to and from Allonby.

## EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

77 boys and 13 girls were referred for certification of fitness for employment under the Bye-laws in respect of employment of children and street trading, and all were found to be fit for employment.

## EXAMINATION OF TEACHERS

40 candidates for appointment as Teachers by the Local Education Authority were examined, all of whom were found to be medically fit.

During the year the staff of this department examined and reported on 32 entrants to teachers' training colleges.

## HOME VISITING

361 home visits were made by the Health Visitors in their capacity as School Nurses.

## DEATHS OCCURRING IN SCHOOL CHILDREN

During the year 5 deaths occurred among children of school age. Only one was from natural causes. Two were due to road accidents.

**MINISTRY OF EDUCATION**  
**MEDICAL INSPECTION AND TREATMENT**

Number of pupils on registers of maintained and assisted primary and secondary schools (including nursery and special schools) in January, 1959, as in Form 7, 7 M. and 7 N. Schools ... .. 11343

**PART 1.—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)**

**TABLE A.—PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	27	27	100	—	—
1953	872	855	98.1	17	1.9
1952	196	192	97.9	4	2.0
1951	—	—	—	—	—
1950	998	975	97.7	23	2.3
1949	40	38	95.0	2	5.0
1948	—	—	—	—	—
1947	1222	1199	98.1	23	1.9
1946	15	15	100	—	—
1945	—	—	—	—	—
1944	914	892	97.6	22	2.4
1943 and earlier	281	277	98.6	4	1.4
Total	4565	4470	97.9	95	2.1

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT  
AT PERIODIC MEDICAL INSPECTIONS (excluding  
Dental Diseases and Infestation with Vermin)

Age Groups Inspected) (By Year of Birth)	For Defective Vision (Excluding Squint)	For any of the other Conditions Recorded in part II	Total Individual Pupils
(1)	(2)	(3)	(4)
1954 and later	—	6	6
1953 ...	5	152	155
1952 ...	—	31	31
1951 ...	—	—	—
1950 ...	24	166	175
1949 ...	1	9	10
1948 ...	—	—	—
1947 ...	46	157	186
1946 ...	—	3	3
1945 ...	—	—	—
1944 ...	34	73	99
1943 and earlier	10	25	35
TOTAL ...	120	622	700

TABLE C.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	2527
Number of Re-inspections	...	...	...	3116
Total	...	...	...	5643

TABLE D.—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	24759
(b) Total number of individual pupils found to be infested	...	...	...	...	...	354
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	...	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	...	—



**PART II—DEFECTS FOUND BY MEDICAL  
INSPECTION DURING THE YEAR  
TABLE A—PERIODIC INSPECTIONS**

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin ....	23	14	8	15	36	31	67	60
5	Eyes— <i>a.</i> Vision ..	5	19	34	151	81	405	120	575
	<i>b.</i> Squint ...	24	16	—	2	7	18	31	46
	<i>c.</i> Other ...	1	6	1	3	10	6	12	15
6	Ears— <i>a.</i> Hearing ...	4	5	1	3	16	8	21	16
	<i>b.</i> Otitis Media	4	14	2	7	10	10	16	31
	<i>c.</i> Other ...	6	32	39	11	152	27	197	70
7	Nose and Throat ...	72	155	2	8	36	109	110	272
8	Speech ...	11	9	2	3	13	16	26	28
9	Lymphatic Glands	3	61	1	2	4	49	8	112
10	Heart ...	—	7	1	9	1	21	2	37
11	Lungs ...	22	25	6	3	22	37	50	65
12	Developmental—								
	<i>a.</i> Hernia ...	1	—	—	—	1	1	2	1
	<i>b.</i> Other ...	4	2	1	1	4	6	9	9
13	Orthopaedic—								
	<i>a.</i> Posture	1	—	2	4	1	8	4	12
	<i>b.</i> Feet ...	8	7	4	3	27	16	39	26
	<i>c.</i> Other ...	25	23	11	20	50	61	86	104
14	Nervous System—								
	<i>a.</i> Epilepsy	1	—	—	1	1	1	2	2
	<i>b.</i> Other ...	—	6	—	1	7	4	7	11
15	Psychological—								
	<i>a.</i> Development	1	7	—	11	4	13	5	31
	<i>b.</i> Stability ...	1	6	—	2	2	9	3	17
16	Abdomen ...	1	4	—	1	1	1	2	6
17	Other ...	8	21	2	27	8	63	18	111

TABLE B—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS	
		Pupils Requiring treatment	Pupils requiring observations
(1)	(2)	(3)	(4)
4	Skin ....	410	1
5	Eyes— <i>a.</i> Vision ....	96	144
	<i>b.</i> Squint ....	8	3
	<i>c.</i> Other ....	73	1
6	Ears— <i>a.</i> Hearing	34	10
	<i>b.</i> Otitis Media	31	12
	<i>c.</i> Other ....	105	4
7	Nose and Throat ....	140	16
8	Speech ....	35	—
9	Lymphatic Glands	3	13
10	Heart ...	2	—
11	Lungs ....	9	—
12	Developmental—		
	<i>a.</i> Hernia ....	1	—
	<i>b.</i> Other ....	3	—
13	Orthopædic—		
	<i>a.</i> Posture ....	3	1
	<i>b.</i> Feet ....	29	1
	<i>c.</i> Other ....	81	10
14	Nervous System—		
	<i>a.</i> Epilepsy ....	2	—
	<i>b.</i> Other ....	3	1
15	Psychological—		
	<i>a.</i> Development	77	—
	<i>b.</i> Stability ....	3	—
16	Abdomen ...	—	—
17	Other ....	391	4

### PART III.

#### TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint . . . . .	88
Errors of refraction (including squint)	517
Total ...	<hr/> 605 <hr/>
Number of pupils for whom spectacles were prescribed . . . . .	400

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) For diseases of the ear . . . . .	4
(b) For adenoids and chronic tonsillitis . . . . .	156
(c) For other nose and throat conditions . . . . .	18
Received other forms of treatment (including Hearing Guidance Clinic)	318
Total ...	<hr/> 496 <hr/>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) In 1958 . . . . .	5
(b) In previous years . . . . .	8

# TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out- patients' departments ... ..	478
(b) Pupils treated at school for pos- tural defects ... ..	—
Total ...	478

# TABLE D.—DISEASES OF THE SKIN

(excluding Uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm—(a) Scalp ... ..	1
(b) Body ... ..	1
Scabies ... ..	12
Impetigo ... ..	26
Other skin diseases . ... ..	395
Total ...	435

# TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics . ... ..	36

# TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapist ...	118

# TABLE G.— OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ...	568
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ..	—
(c) Pupils who received B.C.G. vac- cination ... ..	590
(d) Other than (a), (b) and (c) above	—
Total (a)—(d) ...	1158

# PART IV.—DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers:—					
(a) At periodic inspections	...	...	...	...	5157
(b) As Specials	...	...	...	...	1005
				Total (1)	6162
(2) Number found to require treatment	...	...	...		4536
(3) Number offered treatment	...	...	...		3847
(4) Number actually treated	...	...	...		2139
(5) Number of attendances made by pupils for treatment, including those recorded at 11(h)	...	...			6519
(6) Half days devoted to:					
(a) Periodic (School) Inspection	...	...	...		38
(b) Treatment	...	...	...	...	860
				Total (6)	898
(7) Fillings: (a) Permanent Teeth	...	...	...		3440
(b) Temporary Teeth	...	...	...		63
				Total (7)	3503
(8) Number of Teeth filled: (a) Permanent Teeth	...				2541
(b) Temporary Teeth	...				59
				Total (8)	2600
(9) Extractions: (a) Permanent Teeth	...	...	...		1651
(b) Temporary Teeth	...	...	...		1958
				Total (9)	3609
(10) Administration of general anaesthetics for extraction	...	...	...	...	1651







